Inited States Bankruptcy Court for the	e: MIDDLE DISTRICT OF FLORIDA
Case number (If known):	Chapter you are filing under:
	☑ Chapter 7
	☐ Chapter 11
	☐ Chapter 12
	☐ Chapter 13

FILED ORLANDO DIVISION
2019 MAR 11 AM 11: 26

U.S. BANKRUPTCY COURT MIDDLE DIST OF FLORIDA

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	KAMIL	
	government-issued picture identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
	Bring your picture	IDRIS	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8		First name
	years		
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
0.00000			
3.	Only the last 4 digits of	xxx - xx - <u>0 9 1 8</u>	xxx - xx
	your Social Security number or federal	OR	OR
	Individual Taxpayer Identification number	9 xx - xx	9 xx - xx
	(ITIN)		

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De	btor 1 KAMIL IDRIS		Cas	Case number (if known)				
	First Name Middle No	ame Lest Name						
BONON		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case	e):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.		☐ I have not used any business names or EIN	S.			
	the last 8 years	Business name	-	Business name				
	Include trade names and doing business as names	Business name	-	Business name				
		EIN		EIN				
		EIN		EIN				
5.	Where you live			If Debtor 2 lives at a different address:				
		9200 SUMMIT CENTRE WAY	_					
		Number Street		Number Street				
		204	_					
		ORLANDO FL 32810 City State ZIP Code	-	City State ZIP	Code			
		ORANGE COUNTY		Oity State Zir	Code			
		County	-	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	ř.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will see any notices to this mailing address.				
		Number Street	_	Number Street				
		P.O. Box	-	P.O. Box				
		City State ZIP Code	-	City State ZIP	Code			
6.	Why you are choosing this district to file for	Check one:	2000-00-12-00-10-00-00-00-00-00-00-00-00-00-00-00-	Check one:	a galakan da garan da galakan da g			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petit have lived in this district longer than in any of district.	ion, I other			
		☐ I have another reason. Explain.		☐ I have another reason. Explain.				
		(See 28 U.S.C. § 1408.)	_	(See 28 U.S.C. § 1408.)				
			-					
			_					

De	btor 1 Kamil		79112		Case number (if kn	омп)				
	First Name Middle Nam	ne	Last Name							
Pa	Tell the Court Abou	it Your Ba	ankruptcy Case							
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	are choosing to file under	☑ Chapter 7								
	under	☐ Chap	oter 11							
		☐ Chap	oter 12							
		☐ Chap								
	iminan pantan 1 mil 1 mi		and produced the second se							
8. How you will pay the fee		□ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.								
				installments. If you e Filing Fee in Instal		tion, sign and attach the <i>Application</i> Form 103A).				
		By la less pay t	aw, a judge may, bu than 150% of the of the fee in installmen	t is not required to, w ficial poverty line tha	vaive your fee, a at applies to you is option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition.				
	1828 (1928) 193 (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193) (193				The state of the s					
9.	Have you filed for bankruptcy within the	No								
	last 8 years?	Yes.	District	When	MM / DD / YYYY	Case number				
			District	When		Case number				
						Case number				
			District	When	MM / DD / YYYY	Case number				
10	. Are any bankruptcy	✓ No								
	cases pending or being filed by a spouse who is	Yes.	Debtor			_ Relationship to you				
	not filing this case with you, or by a business partner, or by an		District	When	MM / DD / YYYY	Case number, if known				
	affiliate?		Debtor			_ Relationship to you				
						Case number, if known				
					MM / DD / YYYY					
11	. Do you rent your residence?	☐ No. ☑ Yes.	Go to line 12. Has your landlord ob	tained an eviction judgr	ment against you?					
			No. Go to line 12	.						
			Yes. Fill out <i>Initia</i> part of this bankr		Eviction Judgment	t Against You (Form 101A) and file it as				

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Debt	or 1	KAMIL IDRIS First Name Middle Nam	ne Last Name	Case number (# known)
		First Name Middle Nam	io Lașt Maine	
Rai	nt 3:	teport About Any B	Businesses You Own as a \$	Sole Proprietor
12.	Are you	a sole proprietor ull- or part-time	No. Go to Part 4.	
	or any r busines		Yes. Name and location of	business
		oprietorship is a you operate as an		
	individua separate	idual, and is not a rate legal entity such as	Name of business, if any	
	a corpora LLC.	ation, partnership, or	Number Street	
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			
	to this pe	itition.	City	State ZIP Code
			Check the appropriate	e box to describe your business:
			Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	a
	Chapte Bankru are you debtor's For a dea business	u filing under r 11 of the ptcy Code and a a small business r finition of small s debtor, see C. § 101(51D).	can set appropriate deadlines. most recent balance sheet, sta any of these documents do no ✓ No. I am not filing under Chap the Bankruptcy Code	pter 11, but I am NOT a small business debtor according to the definition in
			Bankruptcy Code.	·
Pa	rt 4:	Report if You Own	or Have Any Hazardous Pr	operty or Any Property That Needs Immediate Attention
14.	Do vou	own or have any	☑ No	
	propert	y that poses or is to pose a threat	Yes. What is the hazard??	
	of immi	inent and		
		able hazard to health or safetv?		
	Or do y	ou own any		
		ty that needs late attention?	If immediate attention	on is needed, why is it needed?
	perishab that mus	nple, do you own le goods, or livestock t be fed, or a building ds urgent repairs?		
			Where is the proper	ty?? Number Street
				City State 7ID Code

Debtor 1

KAMIL	IDRIS		
iret Name	Middle Name	Last Name	

Case number (if known)	
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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Del	btor	1	
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You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I	am	no	t r	equi	red	to	rec	eive	а	briefing	about
C	rec	lit c	OL	ınse	ling	j be	ecal	ıse (of:		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit
counseling agency within the 180 days before I
filed this bankruptcy petition, and I received a
certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	а	briefing	about
cred	lit co	ounseling	ı bı	ecause	of	:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 KAMIL IDRIS First Name Middle Name	Case number (if known)	_
Pa	11 6: Answer These Ques	ions for Reporting Purposes	
	What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."	
	you have?	□ No. Go to line 16b. □ Yes. Go to line 17.	
		16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	
		□ No. Go to line 16c.□ Yes. Go to line 17.	
		16c. State the type of debts you owe that are not consumer debts or business debts.	
	Are you filing under Chapter 7?	□ No. I am not filing under Chapter 7.	MARCHAN
	Do you estimate that after any exempt property is	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?	
	excluded and administrative expenses	☑ No	
an average his first	are paid that funds will be available for distribution to unsecured creditors?	Yes	nve-tenta
18.	How many creditors do you estimate that you	☑ 1-49 □ 50-99	
	owe?	□ 100-199 □ 200-999	população
19.	How much do you estimate your assets to	☑ \$0-\$50,000 □ \$50,001-\$100,000	
	be worth?	\$100,001-\$500,000 \$500,001-\$1 million	
20.	How much do you estimate your liabilities	□ \$0-\$50,000 □ \$50,001-\$100,000	
	to be?	□ \$100,001-\$500,000 □ \$500,001-\$1 million	
Pa	nt 7: Sign Below	□ \$500,001-\$1 million	
Fo	r you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.	
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).	
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
		* KMM JOTOY *	
		Signature of Debtor 1 Signature of Debtor 2	
		Executed on O3 06 2019 Executed on MM / DD /YYYY	

Debtor 1	KAMIL I		Case number (# known)
	First Name	Middle Name	Last Name
bankrupt attorney	f you are fill cy without a	an	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
an attorn	e represente ey, you do ile this page	not	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
			You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
			If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
			Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
			□ No ☑ Yes
			Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
			□ No ☑ Yes
			Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ✓ No ✓ Yes. Name of Person
			By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Date

Cell phone

Email address

Contact phone 407-920-9714

407-920-9714

KIDRIS90@OUTLOOK.COM

Signature of Debtor 2

Contact phone

Email address

Cell phone

MM / DD / YYYY

Date

Debtor 1	Kamil		Idris
Debtor 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the	. MIDDLE DIS	TRICT OF FLORI

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

our original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part 1: Summarize Your Assets		···
	Your ass Value of v	ets vhat you own
i. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	370.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	370.00
Part 2: Summarize Your Liabilities	The state of the s	
	Your lia Amount	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$	61502.00
Your total liabilities	\$	61502.00
Part 3: Summarize Your Income and Expenses		
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	800.00
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	810.00

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Debt	or 1	KAMIL IDRIS	Cas	e number (if known)	
		First Name Middle Name Last Name			
Dai	nt.4: /	Answer These Questions for Administrative and S	Statistical Records		
6.	Are you	filing for bankruptcy under Chapters 7, 11, or 13?			
	No.				
	☑ Yes				
7. \	What kin	nd of debt do you have?			
	☑ Your famil	debts are primarily consumer debts. Consumer debts are y, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8	e those "incurred by an -9g for statistical purpos	individual primarily for a perso ses. 28 U.S.C. § 159.	nal,
		r debts are not primarily consumer debts. You have nothing form to the court with your other schedules.	ng to report on this part	of the form. Check this box ar	nd submit
8,	From the Form 12	e <i>Statement of Your Current Monthly Income</i> : Copy your 22A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line	total current monthly inc ne 14.	ome from Official	\$466.67_
9.	Copy the	e following special categories of claims from Part 4, line	6 of Schedule E/F:	Total claim	
	From I	Part 4 on Schedule E/F, copy the following:			
	9a. Dom	estic support obligations (Copy line 6a.)		\$	
	9b. Taxe	es and certain other debts you owe the government. (Copy li	ne 6b.)	\$0.00	
	9c. Clair	ns for death or personal injury while you were intoxicated. (C	Copy line 6c.)	\$	
	9d. Stud	lent loans. (Copy line 6f.)		\$	
	9e. Oblig	gations arising out of a separation agreement or divorce that ity claims. (Copy line 6g.)	you did not report as	\$	
	9f. Deb	ts to pension or profit-sharing plans, and other similar debts.	(Copy line 6h.)	+ \$ 0.00	_
	9g. Tota	al. Add lines 9a through 9f.		\$0.00	

Fill in this information to identify your case and	his filling:		
Debtor 1 KAMIL IDRIS			
First Name Middle Name Debtor 2	Last Name		
(Spouse, if filling) First Name Middle Name	Last Name TRICT OF FLORIDA		
United States Bankruptcy Court for the:	THO OF LEGILIDA		
Case number			Check if this is an
11.100000000000000000000000000000000000			amended filing
Official Form 106A/B			
Schedule A/B: Proper	ty		12/15
category where you think it fits best. Be as con responsible for supplying correct information. I write your name and case number (if known). A Part 1: Describe Each Residence, Building	ems. List an asset only once. If an asset fits in more plete and accurate as possible. If two married people more space is needed, attach a separate sheet to the aswer every question. In the second of the second	e are filing together, bo is form. On the top of a ve an Interest In	th are equally
Yes. Where is the property?			
1.1. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ms Secured by Property.
City State ZIP Co	Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one. Debtor 1 only		
County	☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this is	Check if this is co (see instructions)	ommunity property
	property identification number:		
If you own or have more than one, list here: 1.2.	What is the property? Check all that apply. Single-family home Duplex or multi-unit bullding	Do not deduct secured cla the amount of any secure Creditors Who Have Clali	d claims on <i>Schedule D:</i>
Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	— 🔲 Land	\$	\$
City State ZIP Co	Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
County	☐ Debtor 1 only ☐ Debtor 2 only		
County	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Check if this is co (see instructions)	ommunity property
	Other information you wish to add about this ite property identification number:	em, such as local	

Schedule A/B: Property page 1

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Debtor 1	KAMIL IDRIS	Case number (if ki	nown)	
	First Name Middle Name Last Name			
1.3.		What is the property? Check all that apply. ☐ Single-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clair.	d claims on Schedule D:
	Street address, if available, or other description	☐ Duplex or multi-unit building ☐ Condominium or cooperative		Current value of the portion you own?
		Manufactured or mobile home	6	¢
		Land	Φ	Φ
	01.4. 7/0.0.4.	☐ Investment property ☐ Timeshare	Describe the nature of	of your ownership
	City State ZIP Code	Other	interest (such as fee the entireties, or a life	
		Who has an interest in the property? Check one.		
	0	Debtor 1 only		
	County	Debtor 2 only		
		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		Other information you wish to add about this ite	m, such as local	
2. Add 1	the dollar value of the portion you own for a	II of your entries from Part 1, including any entries	for pages	\$ 0.00
you own	that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or a le, also report it on Schedule G: Executory Contracts a s, motorcycles	not? Include any vehicles and Unexpired Leases.	S
3.1.	Make:	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secure	
	Model:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
	,	☐ Check if this is community property (see instructions)	\$	\$
lf vo	u own or have more than one, describe here:			
•		Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Dut
3.2.		Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	☐ At least one of the debtors and another	entire property?	portion you own?
	Other information:		Φ.	r.
		☐ Check if this is community property (see instructions)	\$	\$

Official Form 106A/B Schedule A/B: Property page 2

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btor 1	KAMIL IDRIS		Case number (if kir	nown)	
	First Name Middle Name	Last Name			
3.3.	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Year:		Debtor 2 only	Command value of the	Cumané valua aé éla
			Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	#44 *** *** *** *** *** *** *** *** ***	At least one of the debtors and another		
	Other information:			\$	\$
		***************************************	☐ Check if this is community property (see instructions)	1	
3.4.	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
J.4.	Model:		Debtor 1 only	the amount of any secure Creditors Who Have Clain	
			Debtor 2 only		
	Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the portion you own?
-	Approximate mileage:		At least one of the debtors and another	entire property?	portion you own?
	Other information:				•
			☐ Check if this is community property (see instructions)	\$	\$
<i>Exan</i> ☑ N	pples: Boats, trailers, motors, person		er recreational vehicles, other vehicles, and acces ft, fishing vessels, snowmobiles, motorcycle accesso		
Exan	pples: Boats, trailers, motors, person				d claims on Schedule D:
Exam ☑ N □ Y	oples: Boats, trailers, motors, person es Make: Model: Year:		th, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of th
Exam ☑ N □ Y 4.1.	oples: Boats, trailers, motors, person es Make: Model: Year:	sonal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam 4.1.	Make: Other information: Own or have more than one, list Make: Model: Model: Model:	sonal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam 4.1.	Make: Other information: Own or have more than one, list Make: Model: Year: Own or lave more than one, list	sonal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam 4.1.	Make: Other information: Own or have more than one, list Make: Model: Model: Model:	sonal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Exam 4.1.	Make: Other information: Own or have more than one, list Make: Model: Year: Own or lave more than one, list	sonal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the	d claims on Schedule Dans Secured by Property. Current value of tiportion you own? \$
Exam 1 N 4.1.	pples: Boats, trailers, motors, persones Make: Model: Year: Other information: wwn or have more than one, list Make: Model: Year: Other information:	here:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

Debtor 1

KAMIL	IDRIS		
iret Nama	Middle Name	Last Name	

Case number	(if known)			
-------------	------------	--	--	--

Do	you own or have any le	gal or equitable interest in any of the following Items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and		
	_	ces, furniture, linens, china, kitchenware	
	No Yes. Describe		\$
7.	Electronics		
	Examples: Televisions a collections; e	nd radios; audio, video, stereo, and digital equipment; computers, printers, so lectronic devices including cell phones, cameras, media players, games	
	No Yes. Describe	COMPUTER	\$250.00
8.	stamp, coin,	figurines; paintings, prints, or other artwork; books, pictures, or other art obje or baseball card collections; other collections, memorabilia, collectibles	
	No Yes. Describe		\$
9.	and kayaks;	nd hobbles ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clui carpentry tools; musical instruments	
	✓ No ☐ Yes. Describe		\$
10	B.Firearms Examples: Pistols, rifles I No I Yes. Describe	shotguns, ammunition, and related equipment	g 0.00
11		thes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ☑ Yes, Describe	ALL CLOTHES AND FOOTWEAR	\$\$
1:	2. Jewelry Examples: Everyday je gold, silver	velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, w	vatches, gems,
	☑ No ☐ Yes. Describe		\$
1	3. Non-farm animals Examples: Dogs, cats,		
	No Yes. Describe	•	\$\$
1	4. Any other personal an	d household items you did not already list, including any health aids yo	u did not list
	☑ No ☐ Yes. Give specific		\$ 0.00
			Ψ

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

350.00

page 4

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Debtor 1 Filst Name Middle Name Last Name Case number (if known)_____

Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your	petition
☑ No			
☐ Yes		Cash: .	\$
and other s	eavings, or other financial accou imilar institutions. If you have m	unts; certificates of deposit; shares in credit unions, broke oultiple accounts with the same institution, list each.	rage houses,
No Yes		Institution name:	
	17.1. Checking account:	ALLY FINANCIAL	\$
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		
	17.7. Other financial account:		
	17.8. Other financial account:		
	17.9. Other financial account:		
18.Bonds, mutual funds	, or publicly traded stocks		
Examples: Bond funds		erage firms, money market accounts	
☑ No ☐ Yes	Institution or issuer name:		
			\$
19. Non-publicly traded an LLC, partnership,		orated and unincorporated businesses, including an i	nterest in
No	Name of entity:	% of o	wnership:
Yes. Give specific			% \$
information about them			
			% \$

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Debtor 1	KAMIL First Name	IDRIS Middle Name	Lest Name Case number (# known)	ANT TO THE PROPERTY OF THE PRO
n Govern	ment and corn	orate honds and o	ther negotiable and non-negotiable instruments	
Negotia	able instruments	include personal ch	ecks, cashiers' checks, promissory notes, and money orders. cannot transfer to someone by signing or delivering them.	
	. Give specific	Issuer name:		
then	n	- <u> </u>		\$
				\$ \$
				·
	n ent or pensio r <i>les:</i> Interests in I		401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No				
	s. List each ount separately.	Type of account:	Institution name:	
	, ,	401(k) or similar pla	n:	\$
				\$
		Pension plan:		Φ
		IRA:		\$
		Retirement account		_
		Keogh:		\$
		Additional account:		\$
		Additional account:		\$
Your sh Exampl	y deposits and nare of all unuse les: Agreements nies, or others	d deposits you have	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	
Yes	3		Institution name or individual:	
		Electric:		\$
		Gas:		\$
		Heating oil:		\$
			rental unit:	\$
		Prepaid rent:		\$
		Telephone: Water:		\$
		Rented furniture:		\$
		Other:		\$ \$
				Φ
23. Annuiti 1 V O	•	or a periodic payme	nt of money to you, either for life or for a number of years)	
	s	Issuer name and o	description:	
Teams ICC	······································	issasi ilailis alla (\$
				\$
				•

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Debtor 1	KAMIL IDRIS First Name Middle N	me Last Name	Case number (if known)	
24. Interests	in an education IRA	in an account in a qualified ABLE program, or ur	der a qualified state tuition program.	
	§§ 530(b)(1), 529A(b		,	
☑ No				
Yes .		nstitution name and description. Separately file the r	ecords of any interests.11 U.S.C. § 521(c)	:
				¢
				5
				\$
				\$
	quitable or future int ble for your benefit	erests in property (other than anything listed in li	ne 1), and rights or powers	
Ø No	bic for your belieff.			
	Give specific			
	nation about them			\$
	l.,,,,			Į.
		ks, trade secrets, and other intellectual property		
•	s: internet domain nan	es, websites, proceeds from royalties and licensing a	greements	
☑ No				
	Give specific			\$0.00
		er general intangibles lusive licenses, cooperative association holdings, liq	uor licenses, professional licenses	
☑ No				
	Give specific			\$ 0.00
inforn	nation about them		·	\$0.00
Money or pr	roperty owed to you			Current value of the portion you own? Do not deduct secured claims or exemptions.
oo Tay nafyin	nds owed to you			
28. Tax retur ☑ No	ias owed to you			
	Give specific informati			•
4	about them, including	vhether	Federal:	\$
	you already filed the re and the tax years		State:	\$
•	and the tax years		Local:	\$
•		m alimony, spousal support, child support, maintenal	nce, divorce settlement, property settlemer	nt
☑ No	Give specific informat	n		,
La Yes.	Give specific informat	л	Allmony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
			Property settlement:	\$
Example	nounts someone ow s: Unpaid wages, disa Social Security ben	P-04-040-000-000-000-000-000-000-000-000		
☑ No		The and decided assessment of the decided assessment of the second asse		
∟ Yes.	Give specific informat	on		\$ 0.00

Official Form 106A/B Schedule A/B: Property page 7

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Debtor 1	First Name Middle Name	Last Name	Case number (if known)	
Examples.	in insurance policies · Health, disability, or life insuran	ce;health savings account (HS	A);credit, homeowner's, or renter's insurance	
	lame the insurance company f each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
U	reacti policy and list its value			\$
				\$
				\$
If you are	est in property that is due you the beneficiary of a living trust, e ecause someone has died.	from someone who has died xpect proceeds from a life insu	rance policy, or are currently entitled to receive	
☑ No				
└ Yes. G	Give specific information			\$
	gainst third parties, whether or : Accidents, employment dispute	s, insurance claims, or rights to	or made a demand for payment o sue	
Yes. D	Describe each claim			s 0.00
to set off	claims	ns of every nature, including	counterclaims of the debtor and rights	
☐ Yes. D	Describe each claim			\$
-	cial assets you did not already	/ list	*	
☑ No ☐ Yes. 0	Give specific information			\$
		es from Part 4, including any	entries for pages you have attached	\$20.00
Part 5:	Describe Any Business-	Related Property You	Own or Have an Interest In. List any re	eal estate in Part 1.
	wn or have any legal or equita	ole interest in any business-	related property?	
	o to Part 6. So to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
	receivable or commissions y	ou already earned		
☐ No	Describe			- The second
u∎ fes. i	J030HJ0			\$
	ulpment, furnishings, and sup Business-related computers, softwar		achines, rugs, telephones, desks, chairs, electronic devices	
	Describe			.
	300			

Schedule A/B: Property

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Debtor 1	KAMIL ID	RIS	Case numi	ber (If known)	
'	First Name	Middle Name La	est Name		
	ery, fixtures, eq		ou use in business, and tools of your trade		
☐ No	Describe				
La res.	Describe				\$
41. Inventor	ry				and the state of t
	Describe				\$
42. Interests	s in partnershi	os or joint ventures			
☐ No	- -				
Yes.	Describe	Name of entity:		% of ownership:	
				%	\$
				%	\$
				%	\$
42 Custom	or liete mailin	g lists, or other comp	nilations		
43. Custom	er nata, maning	g nata, or other comp	, and the second		
Yes.	. Do your lists	nclude personally id	lentifiable information (as defined in 11 U.S.C. § 101	(41A))?	
	☐ No				
	Yes. Descr	ibe			\$
-	siness-related	property you did not	already list		
☐ No	. Give specific				•
	rmation				\$
					\$
					\$
					\$
					\$
					\$
45. Add the	e dollar value o	f all of your entries f	rom Part 5, including any entries for pages you ha	ve attached	s 0
for Part	t 5. Write that n	umber here		→	<u> </u>
			mercial Fishing-Related Property You Own o	r Have an Interest	In
Part 6:	If you own or	have an interest in f	mercial rishing-kelated Property rou Own of armland, list it in Part 1.	nave an interest	••••
					numan munga an an kada a kida kida kida kida kida kida ki
		ny legal or equitable	interest in any farm- or commercial fishing-related	I property?	
	Go to Part 7. Go to line 47.				
 163	. 60 to line 47.				Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
47. Farm a					
•	les: Livestock, p	oultry, farm-raised fish	n		
☐ No	.				
∟∎ res	•				
	l				\$

Official Form 106A/B Schedule A/B: Property page 9

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Debtor 1	Right Name	 سر Middle Name	IN S		C	Case number (if known)			
	T HOC HOME	Table Total							
-	ther growing	or harvested							
	ive specific		g ug den gladernet, sela kurjanden direktion dien dien dien der						
	ation							\$	
☐ No		oment, implements,	macninery, fixtures					nong.	
☐ Yes								\$	
50. Farm and 1	lishing supp	lies, chemicals, and	l feed			ententinentententen seine kunten kunt kon han han han seine kon en			
☐ No			gyyn dyddigoggannag y yng y gyfgyllai y gymry y y ym y y befy a magai ar beffeili a 1920 y 1900.						
∟ Yes								\$	
51. Any farm-	and comme	rcial fishing-related	property you did no			ng manana _n man mangka giraman dirikumin manana didandahal abbahdi dirikuminyadi disimb	a chicarini irabina communici ira munici minici		
☐ No ☐ Ves G	Sive specific		and account in the contract of the second second day. The shiple of prosplace is the second s		ary gament process to the activate and activated it interests the collection of the		and an experience of the second s	7	
	ation				ann ann da shari ann an	a magaza gaza. Daya gama a magaza mandan mangaza da dan ayamayan gan agazay amin'i shiyad badanada a fi da Arib		\$	<u></u>
		f all of your entries				you have attached	→	\$	
ioi raito.	. Wille that is	diliber liere		•••••			,		
Part 7:	Describe A	\II Property You	Own or Have a	ın inter	est in That	You Did Not Lis	t Above		
- 20 0 W (200 0 (2)		operty of any kind ye				22.50			MATERIAL PROPERTY OF THE PROPE
Examples: S		country club membersh		311					
☑ No ☐ Yes. G	Sive specific		igo, (marcio), global material (gravitation de demonstrativa proprieta de compresso		nonaminina manin sama adapter memberini Bilahin amin'i 1994 M	emissiska kandosumbi kalmi vinnosod na kinami nomnon stanso summer emissiska seminer emissiska seminer emissis		\$	
informa	ation							\$	
		angulus Salas Sulas Sula	gyjagyitteessa sees siiritäjättävastaa eliteitä suutsitti tiiteita tiita Viisiaa tiid a elitäitiisiä Mikkilykistät		enne e i sud destructivas das estadores para e sigle e famençamente que quele			Φ	
54. Add the de	ollar value o	f all of your entries	from Part 7. Write th	at numbe	r here		→	\$	0
Part 8:	ist the To	otals of Each Pa	art of this Form					and the second second	
55. Part 1: Tot	tal real estat	e, line 2					≯	\$	0
56. Part 2: Tot	tal vehicles,	line 5		\$	0				
57. Part 3: Tot	tal personal	and household item	s, line 15	\$	350.00	-			
58. Part 4: Tot	tal financial	assets, line 36		\$	20.00	-			
59. Part 5: Tot	tal business	-related property, lir	ne 45	\$	0				
60. Part 6: To	tal farm- and	l fishing-related pro	perty, line 52	\$					
61. Part 7: To	tal other pro	perty not listed, line	54	+ \$	0	-			
62. Total pers	sonal propert	ty. Add lines 56 throu	gh 61	\$	370.00	Copy personal prope	erty total 👈	+ \$	370.00
	• •	-				***************************************			
63. Total of al	II property o	n Schedule A/B. Add	l line 55 + line 62					\$	370.00

Official Form 106A/B Schedule A/B: Property page 10

	Case 6:1	.9-bk-0151	1-KSJ	Doc 1	Filed	03/11/19	Page 20	of 56	
Fill in this inform	nation to identify	your case:							
Deptor 1	MIL IDRIS	Middle Name		Last Name					
Debtor 2 (Spouse, if filing) First		Middle Name		Last Name					
		MIDDLE DI	ISTRIC	T OF FLO	ORI				
Case number(If known)									eck if this is an ended filing
Official For		_		- 44) port 164	essenti	4		
Schedul	le C: Th	e Prop	erty	You C	laim	as Ex	empt		04/16
Be as complete and Using the property space is needed, fil your name and cas	you listed on Sche ill out and attach to	edule A/B: Proper this page as ma	ty (Official	Form 106A/B) as your so	ource, list the pr	operty that you o	laim as exempt.	lf more
For each Item of p specific dollar am of any applicable retirement funds— limits the exempti would be limited t	nount as exempt. statutory limit. So —may be unlimite ion to a particular	Alternatively, yo ome exemptions d in dollar amou · dollar amount a	ou may cla s—such as unt. Howev and the va	im the full fa s those for h ver, if you cla	ir market v ealth aids, i aim an exer	alue of the pro rights to recel nption of 100%	perty being exe ve certain benet % of fair market	empted up to the lits, and tax-exe value under a la	e amount mpt w that
Part 1: Ident	tify the Propert	y You Claim a	s Exemp	ot		out the second			
School Agentific	exemptions are y				our spouse i	is filing with you	I.		

	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemptio	n.
Brief description: Line from Schedule A/B:	ELECTRONICS 7	\$250.00	\$ 250.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25
Brief description: Line from Schedule A/B:	CLOTHES 11	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25
Brief description: Line from Schedule A/B:	16	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No☐ Yes

3.

2.

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

Debtor 1

KAMIL ID	RIS		Case number (# known)
Circl Manage	Middle Name	Lost Nama	

ы	. 7	9	•		п	
а		• I I		74	н	

Additional Page

	on of the property and line l/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	ALLY FINANCIAL	\$20.00	3 \$	Fla. Stat. Ann. § 222.25
Line from Schedule A/B:	<u>17</u>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	4.000,000,000	\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:	- And the second of the second	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:	Lateria Periodo	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your cas	16.			
KAMII IDDIS				
Debtor 1 First Name Middle I	Name Last Name			
Debtor 2 Spouse, if filing) First Name Middle I	Name Lest Name			
United States Bankruptcy Court for the: MIDDL				
Inited States Bankruptcy Court for the: IVIIDDL	LE DISTRICT OF TESTIBAL			
Case number			🔲 Check i	f this is an
ii Kilowii)			amende	ed filing
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secu	red by Pro	perty	12/15
information. If more space is needed, cop additional pages, write your name and ca . Do any creditors have claims secured l	by your property? m to the court with your other schedules. You have n	es, and attach it to this	s form. On the top of	any
A L. A A U. O a mod Claims				
for each claim. If more than one creditor	more than one secured claim, list the creditor separat has a particular claim, list the other creditors in Part 2	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecure portion
As much as possible, list the claims in alp	habetical order according to the creditor's name.	value of collateral.	claim	If any
1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name	- Describe the property that cools are comme			
Number Street				
	As of the date you file, the claim is: Check all that a	оріу.		
·	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of Ilen. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or secu	ed		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsult ☐ Other (including a right to offset)			
☐ Check if this claim relates to a	Other (including a right to onset)			
community debt	Last 4 digits of account number			
Date debt was incurred2			<u>Selectrical productions are received to a color per observable delicities delicities are received to a color per observable delicities delicities are received to a color per observable delicities are received as a color per observable delicities are received to a color per observable delicities are received as a color per observable delicities</u>	\$
	Describe the property that secures the claim:	D	_ Φ	. Ψ
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that a	oply.		
	Contingent			
City State ZIP Code	_ ☐ Unliquidated ☐ Disputed			
,	·			
Who owes the debt? Check one.	Nature of lien. Check all that apply.	rod		
Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secu car loan) 	eu		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
_	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			rer-levine avantation and action a
Add the dollar value of your entries it	Column A on this page. Write that number here:	\$(0	

Eill	in this information to identify your case:					
Deb	otor 1 KAMIL IDRIS First Name Middle Name	Last Name				
	otor 2					
	ouse, if filing) First Name Middle Name	Last Name				
Uni	ted States Bankruptcy Court for the: MIDDLE DIST	TRICT OF FLORIDA			-	
Cas	se number					ck if this is an nded filing
	nown)]		aine	naea ming
∩fi	ficial Form 106E/F					
	chedule E/F: Creditors V	Vho Have Unsec	ured Claim	ıs		12/15
Don	s complete and accurate as possible. Use Part	t 1 for creditors with PRIORITY of	laims and Part 2 for o	reditors with	NONPRIORI	ΓY claims
List	the other party to any executory contracts or t	unexpired leases that could resu	It in a claim. Also list	t executory co	ntracts on S	chedule
A/B:	Property (Official Form 106A/B) and on Scheditors with partially secured claims that are list	lule G: Executory Contracts and	Unexpired Leases (O	fficial Form 10)6G). Do not	include any
need	led, copy the Part you need, fill it out, number	the entries in the boxes on the I	eft. Attach the Contin	uation Page to	this page. (On the top of
any	additional pages, write your name and case nu	umber (if known).				
_Par	t 1: List All of Your PRIORITY Unsecur	red Claims				
1. [Oo any creditors have priority unsecured claim	ns against you?				
	✓ No. Go to Part 2.					
(☐ Yes.					
2. i	list all of your priority unsecured claims. If a c	reditor has more than one priority t	insecured claim, list the	e creditor sepa	rately for eac	h claim. For
e	each claim listed, identify what type of claim it is. It nonpriority amounts. As much as possible, list the	f a claim has both priority and nonp claims in alphabetical order accord	priority amounts, list tha ling to the creditor's na	it claim here an me. If vou have	id show both e more than t	priority and wo priority
ι	insecured claims, fill out the Continuation Page of	f Part 1. If more than one creditor h	olds a particular claim,	list the other c	reditors in Pa	rt 3.
(For an explanation of each type of claim, see the	instructions for this form in the inst	ruction booklet.)		8 <u>812</u> 12 182, 1841	
				Total claim	Priority amount	Nonpriority amount
2.1						
	Priority Creditor's Name	Last 4 digits of account number	r	\$. \$	\$
		When was the debt incurred?				
	Number Street					
		As of the date you file, the clair	n is: Check all that apply.			
	City State ZIP Code	- U Contingent Unliquidated				
	Who incurred the debt? Check one.	Disputed				
	Debtor 1 only	·				
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured	i claim:			
	At least one of the debtors and another	Domestic support obligationsTaxes and certain other debts y	con and the approximate		•	
	☐ Check if this claim is for a community debt	Claims for death or personal in	-			
	Is the claim subject to offset?	intoxicated				
	□ No	Other. Specify	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	Yes			Democratics of the Louis and the Charles of Section 1994	het was not on the second temporal property of the second property designation of the second	
2.2	Priority Creditor's Name	Last 4 digits of account number	r	\$	\$	\$
	Priority Greditor's Name	When was the debt incurred?	-			
	Number Street	- As of the date you file, the clai	n is: Check all that anniv			
		Contingent	ir io. Onook an and apply			
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
i	☐ Debtor 1 only	Type of PRIORITY unsecured	l claim:			
\$ 2 2	Debtor 2 only	☐ Domestic support obligations				
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts	you owe the government			
AND CONTRACTOR	At least one of the debtors and another	Claims for death or personal in				
100	Check if this claim is for a community debt	intoxicated				
	Is the claim subject to offset? ☐ No	Other. Specify				

☐ Yes

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KAMIL IDF	RIS	

ebtor 1	KAMIL IDRIS			Case number (# known)			
•	First Name Middle Name	Last Name					
art 2:	List All of Your NONPRIOR	RITY Uns	ecured Claim	5		nde en som kalde en seden did klim medelse en som skyl	
Do ar	ny creditors have nonpriority un	secured cl	aims against yo	ou?			
\square_N	o. You have nothing to report in th	is part. Sub	mit this form to t	he court with your other schedules.			
M Y				•			
			(l . .	Lawley of the evaditor who holds each alsi	m If a graditar has	more than	ono
Lista	II of your nonpriority unsecured	ditor senara	tne aipnabetica tely for each cla	l order of the creditor who holds each clai im. For each claim listed, identify what type o	f claim it is. Do not	ist claims a	lreadv
includ	led in Part 1. If more than one cred	ditor holds a	particular claim	, list the other creditors in Part 3.If you have r	nore than three nor	priority uns	ecured
claim	s fill out the Continuation Page of I	Part 2.					
						Total clair	n
٦ ؞؞؞	v			3653		4754	. ***
AME	oriority Creditor's Name	,		Last 4 digits of account number 3653		<u>\$ 776</u>	<u>00.00</u>
	BOX 7871			When was the debt incurred? $02/10$	<u>0/20</u> 17		
Num				_			
FOR	T LAUDERDAL	FL	33329				
City		State	ZIP Code	As of the date you file, the claim is: Chec	k all that apply.		
				☐ Contingent			
Whe	o incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			Town of MONDPIODITY (management also	l	,	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured clai	1111.		
u.	At least one of the debtors and another			Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a separation agr that you did not report as priority claims	eement or divorce		
ls ti	ne claim subject to offset?			Debts to pension or profit-sharing plans, a	nd other similar debts		
Ø	No			☑ Other Specify <u>CREDIT CARD</u>			
	Yes						
**C#E#E#E#E#E				Last 4 digits of account number 3118	The first self-relative to the second self-respondence of the contract of the second self-respondence of the second self-res	s 1246	6 00
	OF AMER			When was the debt incurred? $\frac{310}{10/2}$	0/2014	Ψ <u>Ι2 Γ</u>	<i>.</i> 0.00
•	priority Creditor's Name			when was the debt incurred? 10/2	0/2017		
POB	ber Street						
	MINGTON	DE	19801	As of the date you file, the claim is: Chec	k all that apply.		
City		State	ZIP Code	Contingent			
Wh	o incurred the debt? Check one.			☐ Unliquidated			
	Debtor 1 only			Disputed			
	Debtor 2 only						
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured cla	im:		
	At least one of the debtors and another	-		Student loans			
	Check if this claim is for a commu	nitv debt		Obligations arising out of a separation agr that you did not report as priority claims	eement or divorce		
	he claim subject to offset?			Debts to pension or profit-sharing plans, a	and other similar debts		
15 ti	•			☑ Other Specify <u>CREDIT CARD</u>			
	Yes						
196203-0200000			Polytikolog zamoś zobzaszącza (polytosyc z ją, e y spółnym sje		.	ecc losseriation continues sites continues references	an wal-anima anima anima anima
	PITAL ONE			Last 4 digits of account number 2009		\$ <u>319</u>	2.00
	priority Creditor's Name			When was the debt incurred? 10/1	<u>6/20</u> 13		
110 Num	13 W BROAD ST iber Street			_			
	EN ALLEN	VA	23060	- As of the date you file, the claim is: Chec	ok all that annly		
City		State	ZIP Code		м ан тасарріў.		
Wh	o incurred the debt? Check one.			Contingent			
	Debtor 1 only			Unliquidated			
	Debtor 2 only			☐ Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured cla	im:		
	At least one of the debtors and another	r					
П	Check if this claim is for a commu	ınity deht		Student loansObligations arising out of a separation agr	reement or divorce		
		y uest		that you did not report as priority claims	coment or divorce		
	he claim subject to offset?			Debts to pension or profit-sharing plans, a	ınd other similar debts		
.∕ 4				☑ Other. Specify <u>CREDIT CARD</u>			
u	Yes						

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Debtor 1

KAMIL	IDRIS		
		1 4 54	

Case number	(if known)		
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_	3.	ш		_	

our NONPRIORITY Unsecured Claims — Continuation Page

isting any entries on this paç	ge, number them be	eginning with	4.4, followed by 4.5, and so forth.	Total claim
APITAL ONE			Last 4 digits of account number 2178	s 2988.0
onpriority Creditor's Name			_	\$ 2000.0
O BOX 30253			When was the debt incurred? $01/10/2017$	
umber Street			_	
ALT LAKE CITY	UT 8	34130	As of the date you file, the claim is: Check all that apply.	
lty	State ZIF	P Code	Contingent	
			☐ Unliquidated	
/ho incurred the debt? Check or	ne.		☐ Disputed	
Debtor 1 only			T (NONDLODITY	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and a			Student loans	
At least one of the deptors and a	inotner		 Obligations arising out of a separation agreement or divorce th you did not report as priority claims 	at
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debt	9
the claim subject to offset?			Other. Specify CREDIT CARD	•
1 No				
Yes				
nagens vinden and transfer and the transfer of the second state of		genzejskadskapanský kyleideninký kurá kondininklište filozofie i se verejská se se verejská se se verejská se Pomoc pomoc po Pomoc pomoc	Last 4 digits of account number 6995	\$ 3592.0
CAVALRY PORT conpriority Creditor's Name			num.	V
, -			When was the debt incurred? 11/29/2018	
500 SUMMIT LAKE DRIVE SUITE 400 lumber Street			_	
VALHALLA	NY .	10595	As of the date you file, the claim is: Check all that apply.	
ity	State ZII	P Code	Contingent	
			☐ Unliquidated	
Vho incurred the debt? Check of	ne.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	4		Student loans	
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce th	at
Check if this claim is for a co	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt	6
s the claim subject to offset?			Other, Specify COLLECTION	5
1 No			Cotter. Opening O The Cotter of the Cotter o	
Yes				
	ikanan deritik filik de plante girang kedit dan proman piper nyan pine pine pine pine pine pine pine pin	togranistis ekizzonini suokkin altatis zaike tuvi 1-4 i vii 1-4-vii eens	Last 4 digits of account number 5408	<u>\$ 444.0</u>
CAVALRY PORT Ionpriority Creditor's Name				
500 SUMMIT LAKE DRIVE SUITE 400			When was the debt incurred? $11/29/2018$	
lumber Street VALHALLA	NY	10595	As of the date you file, the claim is: Check all that apply.	
City	State ZI	P Code	Contingent	
•			☐ Unliquidated	
Vho incurred the debt? Check o	ne.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce the	at
Check if this claim is for a co	ommunity debt		you did not report as priority claims	
s the claim subject to offset?	-		☐ Debts to pension or profit-sharing plans, and other similar debt ☐ Other. Specify COLLECTION	8
No			Outer, opening	

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Debtor 1

KAMIL	DRIS		
First Name	Middle Name	Last Name	

KAMIL IDRIS	Case number (# known)
KAMIL IDRIS	Case number (if known)

After listing any entries	on this page, number the	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
.7 CHASE CARDMEMBER S	ERVICES		Last 4 digits of account number 8035	_{\$} 7325.00
Nonpriority Creditor's Name	9		When was the debt incurred? 09/20/2014	
P.O. BOX 6294			when was the debt incurred?	
Number Street		,	As of the date you file, the claim is: Check all that apply.	
CAROL STREAM	IL .	60197-6294		
City	State	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the de	bt? Check one.		Disputed	
Debtor 1 only			a Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debto	or 2 only		Student loans	
At least one of the	· · · · · · · · · · · · · · · · · · ·		 Obligations arising out of a separation agreement or divorce that 	
			you did not report as priority claims	
☐ Check if this clai	m is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject	to offset?		Other. Specify CREDIT CARD	
☑ No ☐ Yes				
non-increasing and representational dispersion to his little and a single content of the content	an bengen menganan alah dalah serinda mengan pengan pengan pengan pengan pengan pengan pengan pengan pengan pe			\$ 13538.00
CHRYSLERCAP			Last 4 digits of account number 1000	\$_10000.00
Nonpriority Creditor's Nam	0		When was the debt incurred? 09/23/2017	
PO BOX 961275				
Number Street	TV	76464	As of the date you file, the claim is: Check all that apply.	
FORT WORTH	TX State	76161 ZIP Code	Contingent	
City	31816	ZIF Code	Unliquidated	
Who incurred the de	bt? Check one.		Disputed	
Debtor 1 only			Lispated	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debt	or 2 only			
At least one of the			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	m is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject	to offset?		Other. Specify AUTOMOBILE	
₩ No				
Yes				www.com/chainesports.espelantscape/espelantscape/crassportscape/cr
CREDITONEBNK	,		Last 4 digits of account number 4417	\$ 2295.00
Nonpriority Creditor's Nam	ė		When was the debt incurred? 01/05/2014	
PO BOX 98872			When was the dept inclined?	
Number Street LAS VEGAS	NV	89193	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the d	BULF CHECK ONE.		☐ Disputed	
Debtor 1 only			Type of NONDDIODITY upgeoured claim:	
Debtor 2 only	O		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debt At least one of the			Student loans	
At least one of the	dentots and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this cla	im is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject	to offset?		Other. Specify CREDIT CARD	
☑ No				
Yes				

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Debtor 1

KAMIL I	DRIS	
First Name	Middle Name	Last Name

Case number	(if known)		

listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
DISCOVERBANK	Last 4 digits of account number 5886	_{\$_} 7902.0
Nonpriority Creditor's Name	When was the debt incurred? 07/02/2014	
POB 15316 Number Street		
WILMINGTON DE 19850	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	To a CHONDRIODITY was a sure of a later.	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify CREDIT CARD	
☑ No	Ottler. Specify	
Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	— Біорико	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
☐ No ☐ Yes		

Debtor 1

	KAMIL	IDRIS
--	--------------	-------

First Name Middle Name

Last Name	

Case number	Uf known\	

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	61502.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	61502.00

Eill in thic	information to ide	votify your c		· · · · · · · · · · · · · · · · · · ·		
rii in uis			ast.			
Debtor	KAMIL IDRIS		dle Name Last	Name		
Debtor 2 (Spouse If filin	(i) First Name	Mid	de Name Las	Name		
			DLE DISTRICT OF F			
		n uto.				
Case numb (If known)	er					Check if this is a
						amended filing
)fficial	Form 1060	3_				
ched	lule G: Ex	xecut	ory Contrac	s and t	Unexpired Leases	12/15
formation dditional r Do you No. Yes List se examp unexpi	. If more space is pages, write your in have any execute. Check this box and s. Fill in all of the integrately each perside, rent, vehicle leaded leases.	needed, co name and co ory contrac d file this for formation be son or comp ase, cell ph	py the additional page, ase number (if known). ts or unexpired leases? m with the court with you low even if the contracts pany with whom you ha	r other schedule or leases are lis ve the contrac s for this form in	ther, both are equally responsible for suber the entries, and attach it to this page es. You have nothing else to report on this sted on Schedule A/B: Property (Official Fost or lease. Then state what each contract in the instruction booklet for more examples State what the contract or lease is	form. rm 106A/B). t or lease is for (for of executory contracts and
Name					TO CO-OCCUPY AN APARTMEN	11.
9000 Numbe	SUMMIT CEN	TRE WAY	,	,		
	ANDO	FL	32810			
City		State	ZIP Code			
2	- pod positive of the Addition for the Mark William Control of the Addition of					
\$						
Name						
Numbe	r Street					
City		State	ZIP Code			
3						
Name						
Numbe	r Street					
City		Stata	7ID Code			
City	and a second resistance of the second resistan	State	ZIP Code			
.4						
!						
Name						
Numbe	r Street					
	i Street					
	otreet .	State	7ID Code			

Fillir	this information	to identify y	our case:					
	r 1 KAMIL II	ADIS.						
Debto	First Name	51(10	Middle Name	Last Name				
	e, if filing) First Name		Middle Name	Last Name				
United	l States Bankruptcy C	ourt for the: N	IIDDLE DISTRI	CT OF FLORID	DA			
	number			<u>.</u>				
(If kno								Check if this is an
								amended filing
Offic	cial Form 1	06H						
Scł	nedule H	Your	Codebtor	' S				12/15
are fili and nu case n	ng together, both umber the entries umber (if known)	are equally in the boxes . Answer ev	responsible for su s on the left. Attach	pplying correct in the Additional P	formation. If mage to this pag	nore space je. On the t	is needed, copy the A op of any Additional P	ible. If two married people dditional Page, fill it out, ages, write your name and
	No	idebioisi (ii	you are ming a join	t dase, do not not e	inior opodeo do	a cocosio	•,	
] Yes							:
2. W	<mark>'ithin the last 8 ye</mark> rizona, California, I	ars, have yo daho, Louisia	u lived in a comm na, Nevada, New N	unity property sta lexico, Puerto Rico	te or territory? o, Texas, Washi	(<i>Communi</i> ington, and	ty property states and te Wisconsin.)	erritories include
_	No. Go to line 3.							
	•	ouse, former	spouse, or legal ed	uivalent live with y	ou at the time?			
	□ No		. 6 . 6 6	lh		Eill in the n	ame and current addres	e of that person
	☐ Yes. In Whic	n community	state or territory did	you live?	•	riii iii üle ii	ame and current address	so of that person.
	Name of your s	pouse, former sp	ouse, or legal equivalent		2000 AND 1000 AND 100			
	Number	Street						
	City		State		ZIP Code			
s S	hown in line 2 ag Schedule D (Offici	ain as a cod al Form 106l	ebtor only if that p	erson is a guaran Official Form 106E	tor or cosigner	r. Make sui	ouse is filing with you. re you have listed the c al Form 106G). Use <i>Sc</i>	reditor on
	Column 1: Your co	debtor				Colu	ımn 2: The creditor to v	whom you owe the debt
						Che	eck all schedules that ap	pply:
3.1						П	Schedule D, line	
	Name						Schedule E/F, line	
	Number Street						Schedule G, line	
					710.0-1-			
2.0	City		State		ZIP Code			
3.2	Name					0	Schedule D, line	
7	Hanto						Schedule E/F, line	
	Number Street						Schedule G, line	
	City		State		ZIP Code			
3.3						П	Schedule D. line	
	Name						Schedule D, line Schedule E/F, line	
	Number Street						Schedule G, line	
							_ 5,,000,00 03,1110	
1	City		State		ZIP Code			

Fill in this in	formation to identify	your case:				
Debtor 1	KAMIL IDRIS	Middle Name	Last Name		_	
Debtor 2					_	
(Spouse, if filing)		MIDDLE DISTRICT O	Last Name			
United States E	Bankruptcy Court for the:	WIIDDEE DISTRICT OF	I I LONIDA			
Case number (If known)						if this is:
						amended filing upplement showing postpetition chapter 13
						ome as of the following date:
Official Fo	rm 106l				MM	/ DD / YYYY
sched	ule I: You	ır İncome				12/15
upplying cor you are sep eparate shee	rect information. If yo	ou are married and not filir se is not filing with you, d top of any additional pag	ng jointly, and yo Io not include inf	ur sp	ouse is living wit ion about vour s	ebtor 2), both are equally responsible for th you, include information about your spous spouse. If more space is needed, attach a (if known). Answer every question.
. Fill in your	remployment n.		Debtor 1			Debtor 2 or non-filing spouse
attach a se	more than one job, parate page with about additional	Employment status	☐ Employed ☑ Not employ	ed	co o una menence aministrativo e e e e e e e e e e e e e e e e e e e	☐ Employed ☐ Not employed
Include par self-employ	rt-time, seasonal, or					
•	n may include student	Occupation				
	aker, if it applies.					
		Employer's name				
		Employer's address				
			Number Street			Number Street
			City	Stat	e ZIP Code	City State ZIP Code
		How long employed ther	e?			
			(minimum)	•		
Part 2:	Give Details About	Monthly Income				
spouse uni	ess you are separated our non-filing spouse ha		r, combine the info			e, write \$0 in the space. Include your non-filing
below. II yo	ou need more space, a	uach a separate sheet to thi	is ionii.		For Debtor 1	For Debtor 2 or non-filing spouse
List month deduction	thly gross wages, sales). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payroll wage would be.	2.	\$0.00	<u>)</u>
3. Estimate	and list monthly over	time pay.		3.	+\$0.00	<u> </u>
4. Calculate	e gross Income. Add li	ne 2 + line 3.		4.	\$0.00	\$

Official Form 106I Schedule I: Your Income page 1

KAMIL IDRIS Case number (if known)_ Debtor 1 Last Name First Name For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here...... 3 5. Indicate whether you have the payroll deductions below: 0.00 5a. 5a. Tax, Medicare, and Social Security deductions 0.00 5b. 5b. Mandatory contributions for retirement plans 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. 5d. Required repayments of retirement fund loans 0.00 5e. 5e. Insurance 0.00 5f. Domestic support obligations 5f. 0.00 5g. 5g. Union dues 0.00 5h. Other deductions. Specify: 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 0.00 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 0.00 8b. Interest and dividends 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement 0.00 8d. Unemployment compensation 8e. Social Security 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): 0.00 0.00 8g. Pension or retirement income 8h. Other monthly income. Specify (Debtor 2 or Non-Filing Spouse): Specify (Debtor 1): 0.00 0.00 \$ 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 0.00 10. Calculate monthly income. Add line 7 + line 9. 0.00 \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. SAYEEDA DURRANI 11. 🛨 800.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 800.00 12. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income 12. Do you expect an increase or decrease within the year after you file this form? ☑ No. ☐ Yes. Explain:

		40.55			
Fill in this information to identify KAMIL IDRIS	your case:				
Debtor 1 First Name	Middle Name Last Name	Check if this	s is:		
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	An amer		•	
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORI	DA LA Supple		showing postp the following	etition chapter 13
Case number		MM / DD			dato.
(If known)		MM / DD	/ үүүү		
Official Form 106J					
Schedule J: Yo	ur Expenses				12/15
Be as complete and accurate as po nformation. If more space is need if known). Answer every question	ossible. If two married people are fili ed, attach another sheet to this form	ng together, both are equally re . On the top of any additional p	sponsil ages, w	ble for supplyi rite your name	ng correct e and case number
Part 1: Describe Your Hou	ısehold				
. Is this a joint case?					
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a s	separate household?				
☐ No☐ Yes. Debtor 2 must fil	e Official Form 106J-2, <i>Expenses for</i> S	eparate Household of Debtor 2.			
Do you have dependents?	₩ No	Danamalanda valadanahla da		Donandant'a	Dage dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Do not state the dependents' names.	·				☐ No ☐ Yes
					☐ No ☐ Yes
					☐ No
					Yes
					☐ No ☐ Yes
					☐ Yes
					Yes
	_				
 Do your expenses include expenses of people other than yourself and your dependents? 	☑ No ☐ Yes				
	ing Monthly Expenses				
	r bankruptcy filing date unless you a nkruptcy is filed. If this is a supplem				
	n-cash government assistance if yoเ	ı know the value of			
	d it on Schedule I: Your Income (Offi			Your expe	nses
4. The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4.	\$	400.00
If not included in line 4:					
4a. Real estate taxes			4a.	\$	0.00
4b. Property, homeowner's, or	renter's insurance		4b.	\$	0.00
4c. Home maintenance, repair,			4c.	\$	0.00
4d. Homeowner's association of	• •		4d.	\$	0.00

KAMIL IDRIS
First Name Middle Name Debtor 1 Case number (# known)_

			Your exp	enses
-	Additional mantages normants for your regidence, such as home equity loops	5.	\$	0.00
5.	Additional mortgage payments for your residence, such as home equity loans	υ.		
6.	Utilities:			100.00
	6a. Electricity, heat, natural gas	6a.	\$	100.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	60.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	150.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
10.	Personal care products and services	10.	\$	40.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	0.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1 KAMIL IDRIS First Name Middle Name Last Name	ise number (if known)	177
21. Other. Specify:	21. -	- \$ 0.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$810.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$ 810.00
 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23a. 23b. - 23c.	\$ 800.00 -\$ 810.00 \$ -10.00
24. Do you expect an increase or decrease in your expenses within the year after you file. For example, do you expect to finish paying for your car loan within the year or do you expect mortgage payment to increase or decrease because of a modification to the terms of your modification. ☑ No. ☐ Yes. Explain here:	ct your	

Official Form 106J Schedule J: Your Expenses page 3

this information to identify you	ır case:				
KAMIL IDRIS	Middle Name	Last Name			
r 2					
a, if filing) First Name	Middle Name	Last Name			
States Bankruptcy Court for the: $^{ m MI}$	IDDLE DISTRIC	CT OF FLORIDA			
number wn)					
		\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			Check if thi amended fi
ficial Form 106Dec		ndividual	Debtor's Sch	edules	1:
o married people are filing tog	ether, both are equ	ually responsible fo	r supplying correct information	1.	
	aud in connection	with a bankruptcy c	ided schedules. Making a false ase can result in fines up to \$2	250,000, or impriso	nment for up to
Sign Below Did you pay or agree to pay so	aud in connection 341, 1519, and 357 meone who is NO	with a bankruptcy c 1. T an attorney to help	ase can result in fines up to \$2	?	nment for up to
Sign Below Did you pay or agree to pay sor	aud in connection 341, 1519, and 357 meone who is NO	with a bankruptcy c 1. T an attorney to help	ase can result in fines up to \$2	? reparer's Notice, Decla	nment for up to
rs, or both. 18 U.S.C. §§ 152, 13	aud in connection 341, 1519, and 357′ meone who is NO	with a bankruptcy c 1. T an attorney to help	o you fill out bankruptcy forms Atlach Bankruptcy Petition Pr Signature (Official Form 119).	? reparer's Notice, Decla	nment for up to
Sign Below Did you pay or agree to pay sor No Yes. Name of person Under penalty of perjury, I deci	aud in connection 341, 1519, and 357′ meone who is NO	with a bankruptcy c 1. T an attorney to help d the summary and	o you fill out bankruptcy forms . Attach Bankruptcy Petition Pr Signature (Official Form 119).	? reparer's Notice, Decla	nment for up to

ebtor 1	KAMIL IDRIS	k∦jalat.	e Name	Last Name			
btor 2							
	ing) First Name	MIDD	e Name U.F. DISTE	Last Name RICT OF FLORID	A		
	es Bankruptcy Court for	the: WIIDD	LL DIOTI	((0) 0) 120((1)			•
e numb nown)	er						Check if this is ar amended filing
icial	Form 107						
		ancia	l Affai	rs for Indiv	iduals Filing f	for Bankrupto	EV 04/1
	known). Answer ev	ery questio	n.	ate sheet to this for tus and Where Yo	n. On the top of any addi	itional pages, write your	name and case
What is	s your current mark	tal status?					O Harding School (1994) - Add Market Annie (1994) - Annie (1994) - Annie (1994) - Annie (1994) - Annie (1994)
□ ма	-						
During	•	ive you live	d anywhere	other than where y	ou live now?		
During ☐ No ☑ Ye	g the last 3 years, ha	-		other than where y years. Do not include Dates Debtor 1 lived there			Dates Debtor 2 lived there
During □ No ☑ Ye	the last 3 years, ha	-		years. Do not include Dates Debtor 1	where you live now.		lived there
During □ No ☑ Ye	the last 3 years, ha	es you lived i		years. Do not include Dates Debtor 1 lived there	where you live now.		lived there
During No Ye	y the last 3 years, ha os. List all of the place Debtor 1:	es you lived i		years. Do not include Dates Debtor 1	where you live now.		lived there ☐ Same as Debtor
Ouring □ No ☑ Ye	the last 3 years, has s. List all of the place Debtor 1: 6659 SW 49TH Number Street	ST	in the last 3	pears. Do not include Dates Debtor 1 lived there From 2016	Debtor 2:		lived there ☐ Same as Debtor From
Ouring □ No □ Ye □	the last 3 years, has s. List all of the place Debtor 1:	ST		pears. Do not include Dates Debtor 1 lived there From 2016	Debtor 2:	State ZIP Code	lived there ☐ Same as Debtor From
Ouring No Ye	the last 3 years, has a second of the place	ST	33314	pears. Do not include Dates Debtor 1 lived there From 2016	where you live now. Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Ilved there Same as Debtor From To
During ☐ No ☐ Ye	the last 3 years, has a second of the place	ST FL State	33314	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	lived there ☐ Same as Debtor From
During ☐ No ☐ Ye	the last 3 years, has a second of the place	ST FL State	33314	pears. Do not include Dates Debtor 1 lived there From 2016	where you live now. Debtor 2: Same as Debtor 1 Number Street City	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor
During No Ye	the last 3 years, has a second of the place	ST FL State	33314	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017 From 2007	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From
During No Ye	the last 3 years, has a second of the place	ST FL State PRII FL	33314 ZIP Code	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017 From 2007	where you live now. Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street		Ilved there Same as Debtor From To Same as Debtor From
During No	the last 3 years, has a second of the place	ST FL State PRII FL	33314 ZIP Code	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017 From 2007	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Ilived there Same as Debtor From To Same as Debtor From
During No Ye	the last 3 years, has a last all of the place of the last 8 years, displaying the last 8 years.	ST FL State PRII FL State d you ever	33314 ZIP Code 32701 ZIP Code	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017 From 2007 To 2016	where you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City City City City City City	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From To (Community property
During No Ye	the last 3 years, has a s. List all of the place better 1: 6659 SW 49TH Number Street DAVIE City 305 LAKEPOINT Number Street 102 ALTAMONTE SI City 1 the last 8 years, di and territories include and territories include sinclude sinc	ST FL State PRII FL State d you ever	33314 ZIP Code 32701 ZIP Code	pears. Do not include Dates Debtor 1 lived there From 2016 To 2017 From 2007 To 2016	where you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City City	State ZIP Code	Ilved there Same as Debtor From To Same as Debtor From To (Community property

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ebtor 1	KAMIL IDRIS First Name Middle Name Last	Name	Case nui	mber (# known)	
Fill in	ou have any income from employmen the total amount of income you received are filing a joint case and you have inco	d from all jobs and all busi	inesses, including part-tir	ne activities.	ndar years?
□ N			•		
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions an exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year: (January 1 to December 31, 2018	₩ Wages, commissions, bonuses, tips Operating a business	\$30.84	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For the calendar year before that: (January 1 to December 31, 2017	₩ Wages, commissions, bonuses, tips Operating a business	\$30.56	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
gamb List e	nployment, and other public benefit paymoling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source.	g a joint case and you hav	e income that you receiv	ed together, list it only once	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions an exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	SAYEEDA DURRANI	\$800.00 \$		- \$ - \$
			\$		- \$
	- 1.4.1.1	SAYEEDA DURRANI	s 4800.00		¢
	For last calendar year: (January 1 to December 31, 2018)		\$		- Ψ - \$
	, yyyy		\$		- \$
	For the calendar year before that:	SAYEEDA DURRANI	\$ 4800.00		\$
	(January 1 to December 31, 2017)	OTT LEST DOTTO WIT	\$		\$
	· · · · · · · · · · · · · · · · · · ·		\$		- \$

Debtor 1	KAMIL IDRIS First Name Middle Name Last Name		Case r	iumber (if known)	
Part 3:	List Certain Payments You Made Before	re You Filed	for Bankruptcy		
6. Are eith	ner Debtor 1's or Debtor 2's debts primarily c	onsumer debi	s?		
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person	consumer de	bts. Consumer debts ar ousehold purpose."	e defined in 11 U.S.C. § 101	(8) as
	During the 90 days before you filed for bankru	ptcy, did you p	ay any creditor a total of	\$6,425* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n	o not include p	ayments for domestic su	ipport obligations, such as	
	* Subject to adjustment on 4/01/19 and every				
☑ Yes	s. Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
	During the 90 days before you filed for bankru			\$600 or more?	
	☑ No. Go to line 7.				
	☐ Yes. List below each creditor to whom you	paid a total of	\$600 or more and the to	otal amount you paid that	
	creditor. Do not include payments for alimony. Also, do not include paymer	domestic supr	ort obligations, such as	child support and	
	aimony. Also, do not include paymer	ito to air attorni	by for the burninghtey ou	.	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
					Loan repayment
					☐ Suppliers or vendors
	City State ZIP Code				☐ Other
	·				
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
	Milling. Street				Loan repayment
					☐ Suppliers or vendors
	City State ZIP Code				☐ Other
					
			•	Φ.	
	Creditor's Name		\$	\$	Mortgage
					Car
	Number Street				☐ Credit card☐ Loan repayment
					Suppliers or vendors
					Other
	City State ZIP Code				

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otor 1 NAIVIL IDAIS First Name Middle Name Le			Case number (# known)_	
First Name Middle Name Li	ast Name			
Within 1 year before you filed for bankru Insiders include your relatives; any general corporations of which you are an officer, dir agent, including one for a business you ope such as child support and alimony.	partners; relatives of any prector, person in control, or	general partners; p r owner of 20% or r	artnerships of whicl nore of their voting	n you are a general partner; securities; and any managing
☐ Yes. List all payments to an insider.	Dates of payment	Total amount	Amount you still owe	Reason for this payment
	paymon	P 3.2		
Insider's Name		\$	\$	
			¥	
Number Street				
City State Z	ZIP Code			
		\$	\$	
Insider's Name		Ψ	· •	
Number Street				
City State 2	ZIP Code			
Within 1 year before you filed for bankru an insider? Include payments on debts guaranteed or		payments or trans	fer any property o	n account of a debt that benefited
✓ No✓ Yes. List all payments that benefited an	n insider.			
	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
		•		include deditors name
		\$	Φ.	
Insider's Name		Ψ	\$	
		Ψ	_ Þ	
Insider's Name Number Street		Ψ	_ \$	
		Ψ	Φ	
Number Street	ZIP Code	V	, \$	
Number Street	ZIP Code	•		
Number Street	ZIP Code	\$	\$	
Number Street City State 2	ZIP Code	\$		
Number Street City State 2	ZIP Code	\$		
Number Street City State a	ZIP Code	\$		

ebtor 1	KAMIL IDRIS		Case number (##	nown)	
	First Name Middle Name Last	Name			
	1				
Part 4:					
	n 1 year before you filed for bankrupt I such matters, including personal injury				
	ontract disputes.	y cases, sman cianns actions, are	oroca, concollor suita, pi	normy donorio, ouppor	tor dations modification
☐ No					
	es. Fill in the details.				
		Nature of the case	Court or agency	THE COUNTY	Status of the case RANCAE COUNT Pending On appeal
			CIBCA	IT COURT O	RANGE COUNT
	case title DISCOVER BANK	CREDIT CARD	Court Name	Pour Z	Pending
<u>\</u>	15 KAMIL IDRIS	DEBT	H25 NOC	ange Ave,	
			:		Concluded
	Case number	•	Orlando	FL 32801 State ZIP Code	
10.	-cc-001325-0		Oity	State ZIP Code	
					□
C	Case title	-	Court Name		— L Pending
_					On appeal Concluded
			Number Street		Concluded
C	Case number	•	City	State ZIP Code	_
¥MIY€	es. Fill in the information below.	Describe the property	,	Date	Value of the property
		Cas		1	0.89
	Chrysler Capita	11			\$ 25228 ° 1
	P. D. Box 9612.75 Number Street	Explain what happene	ed		
		Property was re			
		Property was fo	•		
1	ETWAch TV 761	61-1275 Property was gr			
'	FT. Worth Tx 761 City State ZIPC		ttached, seized, or levied	•	
	CONTRACTOR	Describe the property	<i>I</i>	Date	Value of the property
					\$
	Creditor's Name				
	Number Street	Explain what happen	ed		
		Property was re	enossessed		
		Property was fo			
	2	Property was go			
	City State ZIP C	iode	ttached, seized, or levied		

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otor 1 KAMIL IDRIS First Name Middle Name	Last Name Case	number (# known)
1. Within 90 days before you filed for k accounts or refuse to make a paymo ☑ No □ Yes. Fill in the details.	bankruptcy, did any creditor, including a bank or fin ent because you owed a debt?	nancial institution, set off any amounts from your
	Describe the action the creditor took	Date action Amount was taken
Creditor's Name		\$
Number Street	***************************************	
City State ZIP	Code Last 4 digits of account number: XXXX	
2. Within 1 year before you filed for ba creditors, a court-appointed receive	ankruptcy, was any of your property in the possessi er, a custodian, or another official?	on of an assignee for the benefit of
☑ No ☐ Yes		
art 5: List Certain Gifts and Co	ontributions	
.Within 2 years before you filed for b ☑ No ☐ Yes. Fill in the details for each gift.	ankruptcy, did you give any gifts with a total value o	of more than \$600 per person?
Gifts with a total value of more that per person	n \$600 Describe the gifts	Dates you gave Value the gifts
Person to Whom You Gave the Gift		\$
		\$
Number Street	:	
City State ZIP	Code	
Person's relationship to you		
Gifts with a total value of more than per person	\$600 Describe the gifts	Dates you gave Value the gifts
Person to Whom You Gave the Gift		\$
Person to Whom You Gave the Gift		\$ \$
Person to Whom You Gave the Gift Number Street		

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	KAMIL IDRIS First Name Middle Name Le	ast Name Case number (# known)		
	THE TUNE MIGHE TRAIN			
Mithi	in 2 years hefere you filed for hankr	uptcy, did you give any gifts or contributions with a total value	e of more than \$60	00 to any charity?
121 N	-	upicy, and you give any gines of contributions with a total value	e of more man soc	o to any charity i
	es. Fill in the details for each gift or co	ntribution.		
	Gifts or contributions to charities	Describe what you contributed	Date you	Value
	that total more than \$600	2000/120 Milat you commission	contributed	
Ē	Charity's Name			\$
0	many 3 Name			
-		<u> </u>		\$
_				
N	lumber Street			
С	City State ZIP Code			
rt 6:	List Certain Losses			
☑ Y	No Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		Include the amount that insurance has paid. List pending insurance		lost
		Include the amount that insurance has paid. List pending insurance		
rt 7:	how the loss occurred List Certain Payments or Tra	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers	loss	\$
rt 7: With	List Certain Payments or Train 1 year before you filed for bankru consulted about seeking bankruptc	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	\$
with you Inclu	List Certain Payments or Train 1 year before you filed for bankrupto de any attorneys, bankruptcy petition p	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers Insters Insters In y or preparing a bankruptcy petition?	loss	\$
vith you o Inclu	List Certain Payments or Train 1 year before you filed for bankruptconsulted about seeking bankruptcy de any attorneys, bankruptcy petition powers. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers Insters Insters In y or preparing a bankruptcy petition?	nsfer any property our bankruptcy. Date payment or transfer was	\$to anyone
vith you o Inclu	List Certain Payments or Train 1 year before you filed for bankruconsulted about seeking bankruptcy de any attorneys, bankruptcy petition polo	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or	\$to anyone	
rt 7: With you o Inclu	List Certain Payments or Train 1 year before you filed for bankruptconsulted about seeking bankruptcy de any attorneys, bankruptcy petition powers. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or transfer was	\$to anyone	
rt 7: With you o Inclu	List Certain Payments or Train 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition payers. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or transfer was	\$to anyone	
rt 7: With you o Inclu	List Certain Payments or Train 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition payers. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or transfer was	\$to anyone	
rt 7: With you o Inclu	List Certain Payments or Train 1 year before you filed for bankruptcy de any attorneys, bankruptcy petition payers. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or transfer was	\$to anyone	
with you of Inclu	List Certain Payments or Train 1 year before you filed for bankrupto de any attorneys, bankruptcy petition powers. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insters Introduction of Schedule A/B: Property. nsfer any property our bankruptcy. Date payment or transfer was	\$	

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	Case number (# known)		
Name			
Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
			¢
		Manual Anniel Communication of the Communication of	Ψ
		: <u></u>	\$
54 15.55 611 mio 16.			
Description and value of any property	transferred	Date payment or transfer was made	Amount of pay
•			
			\$
			\$
- :			
business or financial affairs?			
Description and value of property transferred	Describe any property or debts paid in excha	y or payments received ange	
			Date trans was made
	tcy, did you or anyone else acting or tors or to make payments to your cre you listed on line 16. Description and value of any property ptcy, did you sell, trade, or otherwise business or financial affairs? made as security (such as the granting	tors or to make payments to your creditors? You listed on line 16. Description and value of any property transferred Description and value of any property transferred Description and value of any property transferred Description and value of any property transfer and property transfer and property tran	tcy, did you or anyone else acting on your behalf pay or transfer any property to tors or to make payments to your creditors? Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred Date payment or transfer was made

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btor 1	KAMIL IDF First Name	RIS Middle Name	Last Nam	ne .	Case number (# know	wn)	
are	a beneficiary? (T			cy, did you transfer any proper et-protection devices.)	ty to a self-settled trus	t or similar device of w	hich you
	No Yes. Fill in the deta	ails.					
				Description and value of the prope	rty transferred		Date transfer was made
1	Name of trust						
-				,			1 3 4
				Instruments, Safe Deposit	CALL AND		
incl broi ☑	kerage houses, p	vings, mone ension fund	y market, o	r other financial accounts; certives, associations, and other fires. Last 4 digits of account number	nancial institutions. Type of account or	Date account was	Last balance befo
					instrument	closed, sold, moved, or transferred	closing or transfer
	Name of Financial In	stitution		XXXX	Checking	***************************************	\$
	Number Street		* **		Savings Money market		
					☐ Money market ☐ Brokerage		
	City	State	ZIP Code		Other		
			***************************************	xxxx	☐ Checking	W	\$
	Name of Financial in	stitution			☐ Savings		
	Number Street				Money market		
					☐ Brokerage		
	City	State	ZIP Code		☐ Other		
sec	you now have, or urities, cash, or o	ther valuab		ear before you filed for bankru Who else had access to it?	otcy, any safe deposit l Describe th		Do you sti
							have It?
	Name of Financial in	stitution	•	Name	 .		☐ Yes
	Number Street			Number Street			
				City State ZIP Code	····		

City

ZIP Code

State

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btor 1	KAMIL IDRIS First Name Middle Name Last	Name	Case number (# known)	WENT CONTROL OF THE C
2.Have∶ ☑ N		or place other than your home wi	thin 1 year before you filed for bankruptcy?	
	o es. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you stil have it?
	Name of Storage Facility	Name		☐ No ☐ Yes
	Number Street	Number Street		
	0/4. 7/10 0-14	City State ZIP Code		
art 9:	City State ZIP Code	or Control for Someone Else		
3. Do y	(A)		property you borrowed from, are storing for,	
(2)				
		Where is the property?	Describe the property	Value
	Owner's Name			\$
	Number Street	Number Street		1
	City State ZIP Code	City State Z	IP Code	
art 10	Give Details About Environ	mental Information		
Envi haza inclu Site	ardous or toxic substances, wastes, o uding statutes or regulations controlli	te, or local statute or regulation or r material into the air, land, soil, s ng the cleanup of these substand rty as defined under any environr	concerning pollution, contamination, releases of surface water, groundwater, or other medium, ses, wastes, or material. nental law, whether you now own, operate, or	
Haza	ardelle metarial moone anything an or	ıvironmental law defines as a haz	ardous waste, hazardous substance, toxic	
	stance, hazardous material, pollutant,			
subs		contaminant, or similar term.	of when they occurred.	
sub: eport	stance, hazardous material, pollutant, all notices, releases, and proceedings	contaminant, or similar term. s that you know about, regardless	s of when they occurred. y liable under or in violation of an environmental	law?
subs eport s. Has ☑	stance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you th	contaminant, or similar term. s that you know about, regardless	·	law?
substeport 4. Has	stance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you th No	contaminant, or similar term. s that you know about, regardless	·	law? Date of notice
subs Report 4. Has (2) N	stance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you th No	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially	y liable under or in violation of an environmental	
subs Report 24. Has Ø N	stance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you th No Yes. Fill in the details.	contaminant, or similar term. s that you know about, regardless at you may be liable or potentially Governmental unit	y liable under or in violation of an environmental	

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First Name	RIS		Case number (#known)	
	Middle Name	Last Name		
42.67		14 . 6		
-	y governmental un	nit of any release of hazardous mate	Priai /	
No Yes. Fill in the de	-4-11-			
i tes. Fill in the de	stalis.	Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit		W-14
Number Street		Number Street	_	
				,
		City State ZIP Code		
City	State ZIP Code		•	
ıve you been a par	rty in any judicial o	r administrative proceeding under a	any environmental law? Include settlement	s and orders.
No				
Yes. Fill in the d	etails.		[출 전	Status of the
		Court or agency	Nature of the case	case
Case title			•	П
		Court Name		Pending
				☐ On appe
		Number Street		Conclud
Case number		City State ZIP C	Code	
		Ony State Zir	Sour	
11: Give Det	alle About Your	Business or Connections to A	nv Rusiness	
			have any of the following connections to	any business?
		yed in a trade, profession, or other		•
		company (LLC) or limited liability pa		
O 1samem A 🛏			11 (11 (11)	
A partner in			(== /	
☐ A partner in :☐ An officer, di	irector, or managin	ng executive of a corporation		
☐ A partner in :☐ An officer, di	irector, or managin			
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12.	oration	
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each bu	oration usiness.	
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12.	oration usiness. ness Employer identification	
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each bu	oration usiness. ness Employer Identification Do not include Social S	ecurity number or ITIN.
A partner in a An officer, di An owner of No. None of the Yes. Check all th	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each bu	oration usiness. ness Employer identification	ecurity number or ITIN.
A partner in a An officer, di An owner of No. None of the Yes. Check all th	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin	oration usiness. ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN.
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the Î Yes. Check all th	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each bu	oration usiness. ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN.
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the Î Yes. Check all th	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin	oration usiness. ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN.
☐ A partner in a ☐ An officer, di ☐ An owner of Î No. None of the Î Yes. Check all th	irector, or managin at least 5% of the v above applies. Go	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer identification Do not include Social S EIN:	ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer identification Do not include Social S EIN: per Dates business existed From To	ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer Identification Do not include Social S EIN: eper Dates business existed From To	ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name Number Street	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer identification Do not include Social S EIN: per Dates business existed From To	ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name Number Street	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer Identification Do not include Social S EIN: per Dates business existed From To ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN. number ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name Number Street City Business Name	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer Identification Do not include Social S EIN: per Dates business existed From To ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN. number ecurity number or ITIN.
A partner in a An officer, di An officer, di An owner of No. None of the Yes. Check all the Business Name Number Street City Business Name	irector, or managin at least 5% of the v above applies. Go hat apply above and	ng executive of a corporation voting or equity securities of a corp to Part 12. d fill in the details below for each be Describe the nature of the busin Name of accountant or bookkee	oration usiness. ness Employer Identification Do not include Social S EIN: per Dates business existed From To ness Employer Identification Do not include Social S EIN:	ecurity number or ITIN. number ecurity number or ITIN.

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First Name Middle Name		se number (if known)
	Last Name	
	The state of the best and	Employer Identification number
	Describe the nature of the business	Do not include Social Security number or ITIN
Business Name		PINI.
	,	EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
	· .	
		From To
City State	ZIP Code	
thin 2 years before you filed f	or bankruptcy, did you give a financial statement to a	nnyone about your business? Include all financial
stitutions, creditors, or other p	parties.	
No		
Yes. Fill in the details below.	,	
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State	ZIP Code	
City State	ZIP Code	
City State	ZIP Code	
	ZIP Code	
City State 12: Sign Below	ZIP Code	
12: Sign Below	s Statement of Financial Affairs and any attachments	, and I declare under penalty of perjury that the
12: Sign Below have read the answers on this	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir	ng property, or obtaining money or property by frau
12: Sign Below have read the answers on this nswers are true and correct. n connection with a bankrupto	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprisol	ng property, or obtaining money or property by frau
12: Sign Below have read the answers on this	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprisol	ng property, or obtaining money or property by frau
12: Sign Below have read the answers on this nswers are true and correct. n connection with a bankrupto	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprisor and 3571.	ng property, or obtaining money or property by frau
have read the answers on this answers are true and correct. In connection with a bankruptor is U.S.C. §§ 152, 1341, 1519, a	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprisor and 3571.	ng property, or obtaining money or property by frau
12: Sign Below have read the answers on this nswers are true and correct. n connection with a bankrupto	s <i>Statement of Financial Affair</i> s and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprisor and 3571.	ng property, or obtaining money or property by frau
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have read the answers on this answers are true and correct. In connection with a bankrupte 18 U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealir cy case can result in fines up to \$250,000, or imprison and 3571.	ng property, or obtaining money or property by frauntment for up to 20 years, or both.
have read the answers on this inswers are true and correct. In connection with a bankrupto 18 U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1 Date 3 06 20 19 Did you attach additional page	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison and 3571. Signature of Debtor 2	ng property, or obtaining money or property by frauntment for up to 20 years, or both.
have read the answers on this answers are true and correct. In connection with a bankrupte IB U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1 Date 3 06 3 07	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison and 3571. Signature of Debtor 2	ng property, or obtaining money or property by frauntment for up to 20 years, or both.
have read the answers on this answers are true and correct. In connection with a bankrupte 18 U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1 Date 3 06 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison and 3571. Signature of Debtor 2 Date Date	ng property, or obtaining money or property by frauntment for up to 20 years, or both. Sis Filing for Bankruptcy (Official Form 107)?
have read the answers on this inswers are true and correct. In connection with a bankrupte is U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1 Date 3 06 2 0 0 No Yes Did you pay or agree to pay so	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison and 3571. Signature of Debtor 2	ng property, or obtaining money or property by frauntment for up to 20 years, or both. Sis Filing for Bankruptcy (Official Form 107)?
have read the answers on this inswers are true and correct. In connection with a bankrupte is U.S.C. §§ 152, 1341, 1519, a Signature of Debtor 1 Date 3 06 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s Statement of Financial Affairs and any attachments I understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison and 3571. Signature of Debtor 2 Date Date	ng property, or obtaining money or property by frauntment for up to 20 years, or both. Sis Filing for Bankruptcy (Official Form 107)?

Fill in this i	information to identify	y your case:	Andrews a property party of the con-		
Debtor 1 Debtor 2	KAMIL IDRIS First Name	Middle Name	Last Name		
(Spouse, if filin	ng) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the	, MIDDLE DISTI	RICT OF FLORIDA		_
Case number(If known)				Check if this is amended filing	
Offici	al Form 108				

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 1 information below.			
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's	☐ Surrender the property.	☐ No	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
decurring dept.	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	□No	
name:	Retain the property and redeem it.	Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
decurring debt.	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	□ No	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
·	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	☐ No	
name:	Retain the property and redeem it.	Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
securing door.	Retain the property and [explain]:		

12/15

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Describe your unexpired personal property leases	Will the lease be assumed?
essor's name: ARIUM	□ No
escription of leased TO CO-OCCUPY AN APARTMENT.	☑ Yes
essor's name:	□ No
escription of leased operty:	☐ Yes
essor's name:	□ No
escription of leased roperty:	☐ Yes
essor's name:	□ No
escription of leased roperty:	☐ Yes
essor's name:	□ No
escription of leased roperty:	☐ Yes
essor's name:	□ No
escription of leased roperty:	☐ Yes
essor's name:	□ N ₀
escription of leased roperty:	☐ Yes
3: Sign Below	
der penalty of perjury, I declare that I have indicated my intention about any prope rsonal property that is subject to an unexpired lease.	rty of my estate that secures a debt and any

Fill	in this information to identify your case:	Check one box o Form 122A-1Sup	nly as directed in this form and in p:	
Deb	tor 1 KAMIL IDRIS First Name Middle Name Lest Name	☑ 1 There is no	presumption of abuse.	
	tor 2 Use, if filing) First Name Middle Name Last Name		ion to determine if a presumption of	
``	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	abuse applie	es will be made under <i>Chapter 7</i> <i>Calculation</i> (Official Form 122A–2).	
	e number	3. The Means	Test does not apply now because of itary service but it could apply later.	
		☐ Check if this	is an amended filing	
Off	icial Form 122A—1			
	apter 7 Statement of Your Current Mont	hly Income	12/15	
spac addit do n Abus	s complete and accurate as possible. If two married people are filing together, bore is needed, attach a separate sheet to this form. Include the line number to whice itonal pages, write your name and case number (if known). If you believe that you be thave primarily consumer debts or because of qualifying military service, compose Under § 707(b)(2) (Official Form 122A-1Supp) with this form. The Calculate Your Current Monthly Income	h the additional infort are exempted from a	mation applies. On the top of any presumption of abuse because you	
1	What is your marital and filing status? Check one only.	HAMMED IN COMMON ON A PROPERTY.		
1	✓ Not married. Fill out Column A, lines 2-11.			
	☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines	2-11.		
	☐ Married and your spouse is NOT filing with you. You and your spouse are:			
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.			
	☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do under penalty of perjury that you and your spouse are legally separated under spouse are living apart for reasons that do not include evading the Means Tes	nonbankruptcy law tha	at applies or that you and your	
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.				
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$	
	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>466.67</u>	\$	
5.	Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$ 0.00 \$			
	Closs recoipts (seriore air deductions)			
	Cop	9 0.00	¢	
		\$ <u> </u>	\$	
6.	Net Income from rental and other real property Gross receipts (before all deductions) Debtor 1 \$_0.00			

Copy here

0.00

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Debtor 1 Kanil Idris Flist Name Middle Name Last Name		Case number (if known	3)
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation		\$ 0.00	\$
Do not enter the amount if you contend that the amounder the Social Security Act. Instead, list it here:	ount received was a benefit	<u> </u>	· · · · · · · · · · · · · · · · · · ·
For you			
For your spouse	\$		
Pension or retirement income. Do not include any benefit under the Social Security Act.	amount received that was a	\$0.00	\$
10. Income from all other sources not listed above. So not include any benefits received under the Soci as a victim of a war crime, a crime against humanity terrorism. If necessary, list other sources on a separate control of the sources.	al Security Act or payments receiv , or international or domestic	ed	
		\$0.00	\$
		\$	\$
Total amounts from separate pages, if any.		+ \$	+ \$
Calculate your total current monthly income. Add column. Then add the total for Column A to the total.	d lines 2 through 10 for each for Column B.	\$ <u>466.6</u> 7	
			Total current monthly income
Part 2: Determine Whether the Means Test	Applies to You		
12. Calculate your current monthly income for the ye	ear. Follow these steps:		
12a. Copy your total current monthly income from			Copy line 11 here → \$ 466.67
Multiply by 12 (the number of months in a yea			x 12
12b. The result is your annual income for this part			12b. \$_5600.04
12b. The result is your annual moonto for the part	or the formi		
13. Calculate the median family income that applies	to you. Follow these steps:	3	
Fill in the state in which you live.	FL	₹ The state of the state of th	
Fill in the number of people in your household.	1		
Fill in the median family income for your state and s		n the congrate	13. \$_46677.00
To find a list of applicable median income amounts, instructions for this form. This list may also be availa	go online using the link specified in able at the bankruptcy clerk's office	e.	
14. How do the lines compare?			
14a. Line 12b is less than or equal to line 13. O	n the ten of page 1, check hey 1, 7	There is no presump	ation of abuse
Go to Part 3.			
14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2, <i>The presun</i>	nption of abuse is d	etermined by Form 122A-2.
Part 3: Sign Below			
By signing here, I declare under penalty of p	perjury that the information on this	statement and in ar	ny attachments is true and correct.
4.1.			
Signature of Debtor 1	x	Signature of Debtor 2	
Date 03 D6 20	1	DateMM / DD /YY	YY -
If you checked line 14a, do NOT fill out o			
If you checked line 14b, fill out Form 122	2A–2 and file it with this form.		



MAR 1 1 2019

Clerk of Court

U.S. Bankruptcy Court

Middle District of Florida

Clerk, U.S. Bankruptcy, Orlando Division

In re: Kamil Idris

Dear Clerk of Court,

I am the executive director of Upsolve.org. Upsolve is a national legal aid nonprofit funded by the Legal Services Corporation and leading philanthropic foundations. We provide free Chapter 7 assistance for low-income debtors who need a fresh start but cannot afford counsel.

I am writing to notify the Court that Upsolve has assisted the above-captioned debtor in preparing their Chapter 7 forms. Upsolve is not the pro se debtor's attorney. And because we have provided our services pro bono, <u>Upsolve is not a petition preparer</u> under section 110 of the Bankruptcy Code. As a result, Official Form 119 is not required of the debtor and has not been provided.

If you have any additional questions, please do not hesitate to contact me at jonathan@upsolve.org. Please docket this letter.

Respectfully Submitted,

Tonothan tells

Jonathan Petts

MIDDLE DISTRICT OF FLORIDA IN THE UNITED STATES BANKRUPTCY COURT FOR THE

KAMIL IDRIS Debtor.)) Case No) Chapter 7			
VERIFICATION OF MATRIX				
The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge.				
Date: 03 - 06 - 2019	Laur TATO Debtor Signature			

Amex

P O Box 7871

Fort Lauderdal, FL 33329

Discoverbank

Pob 15316

Wilmington, DE 19850

Bk Of Amer

Pob 15026

Wilmington, DE 19801

Capital One

11013 W Broad St

Glen Allen, VA 23060

Capital One

Po Box 30253

Salt Lake City, UT 84130

Cavalry Port

500 Summit Lake Drive Suite 400

Valhalla, NY 10595

Chryslercap

Po Box 961275

Fort Worth, TX 76161

Creditonebnk
Po Box 98872

Las Vegas. NV 89193

Chase Cardmember Services

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